



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 7473

| SERIAL NUMBER   | FILING OR 371(c)<br>DATE  | CLASS                        | GROUP ART UNIT   | ATTORNEY<br>DOCKET NO.     |
|---|---|------------------------------|--|----------------------------|
| 10/535,416  | 05/19/2005<br>RULE  | 435                          | 1645   | Q-87778                    |
| <b>APPLICANTS</b><br>Jaume Pinol Ribas, Valldoreix, SPAIN;<br>Sergi Bru Virgili, Barcelona, SPAIN;<br>Enric Espuna Maso, Olot, SPAIN;<br>Enrique Querol Murillo, Barcelona, SPAIN;  |   |                              |  |                            |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP03/12839 11/17/2003   |   |                              |  |                            |
| <b>** FOREIGN APPLICATIONS *****</b><br>SPAIN P200202663 11/20/2002   |   |                              |  |                            |
| <b>** SMALL ENTITY **</b>   |   |                              |  |                            |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance |   | STATE OR<br>COUNTRY<br>SPAIN | SHEETS<br>DRAWING<br>6   | TOTAL<br>CLAIMS<br>17      |
| Verified and<br>Acknowledged  |   | Examiner's Signature         | Initials   | INDEPENDENT<br>CLAIMS<br>4 |
| <b>ADDRESS</b><br>23373   |   |                              |  |                            |
| <b>TITLE</b><br>Live attenuated vaccine against porcine pleuropneumonia   |   |                              |  |                            |
| <b>FILING FEE<br/>RECEIVED</b><br>550   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                              | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                            |